

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-87S)								SERIAL NO.	FILING DATE				
								10/560,570					
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51					
2		1						52					
3			12					53					
4				61				54					
5					10			55					
6		1						56					
7			1					57					
8				12				58					
9				61				59					
10					10			60					
11								61					
12	1							62					
13		1						63					
14			12					64					
15				21				65					
16					12			66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	3							TOTAL IND.					
TOTAL DEP.	13	↔						TOTAL DEP.					
TOTAL CLAIMS	16	██████████						TOTAL CLAIMS	██████████				